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THE ANTI-TUBERCULOSIS MOVEMENT IN CHARLESTON *

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DURING the International Congress of Tuberculosis, which was held in Washington in the fall of 1908, a few earnest workers (aroused to the fact that their home state was doing nothing to fight consumption) met in a private room at the New Willard Hotel and organized the State Anti-Tuberculosis League of West Virginia. Thus, West Virginia, although one of the last states to fall in line, took her place in the international crusade against the great White Plague.

Out of this State League, during that same fall and winter, grew several local leagues, among them the Charleston Anti-Tuberculosis League, whose object was to fight consumption in every possible way, to distribute literature, and to affiliate with the State League in securing an appropriation from the government for a State Sanatorium. At first the work was largely for State League. About \$100 was contributed to the state work, and \$50 expended for local relief.

In the spring of 1909, the bill for a State Sanatorium having met disastrous defeat, it was decided to confine the local work for the present to doing everything possible along educational, preventive, and, incidentally, curative lines in the homes of the people.

The best solution of this problem seemed to be in procuring a visiting nurse, who could go into these homes, advise, instruct, and have a general oversight of the welfare of poor consumptives.

It was my privilege to undertake this pioneer work in August, 1909, about one year ago. A few weeks proved most conclusively the dire need of a health crusade in Charleston.

At first the situation that confronted me seemed almost hopeless. The people with whom I had to work were ignorant mountaineers, who had drifted into town and, too shiftless to live properly, housed up in close places, soon contracted diseases.

Ignorant, unkempt, and untaught, they looked upon me with suspicion, I was taken for a soap-agent, an insurance collector, a female doctor trying to work up practice, and various other things. If I was

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able to render them some little service they were almost afraid to accept it, for fear I would at some future time demand pay.

My first step was to win their friendship and their confidence. This was a little difficult, but even the crudest of them had that innate hospitality, which characterizes the South, and when, after many lessons, I decided I must approach them as a guest on a social plane, I was received with open arms. It was often necessary to make five or six social visits, as I called them, before I could get down to business.

The second step was more difficult, and that was to convince them that they were suffering with tuberculosis, a communicable and infectious disease. They reasoned somewhat in this manner: "About five years ago, a doctor told me I had consumption, if I had consumption five years ago, by now, I would be dead, I am not dead; therefore I do not have consumption."

Even when convinced that they have the disease, they insist that it "ain't" as they say, "ketchin'," but look upon it hopelessly as a visitation from God. This White Plague, "the cough that can't be cured," is a manifestation of Divine wrath, not a pestilence that could be stamped out.

These hopeless, resigned cases are the hardest to deal with. "What's the use," they said, "God sent this upon me," and they sink into a state of indifference from which it is almost impossible to arouse them.

These tuberculous individuals do not come to us, they must be hunted out in their homes and haunts. Of these homes I wish to say just a few words. You, as nurses, I am sure appreciate the necessity of cleanliness and the observance of the simple laws of hygiene in any illness, but most especially in tuberculosis, which is primarily a disease of poverty and uncleanness.

You might suppose that Charleston, with its wealth and prosperity, its green hills, and broad shady streets, would be comparatively free from the predisposing causes of tuberculosis. If this is your supposition, I wish that I might take you with me to some of the poorer sections of the city. To be sure our city does not have its blocks of four-, six-, and eight-story tenements, where the unfortunate dwellers are herded together like animals, but in its alleys and poorer streets exist conditions that are shocking in the extreme. The poorer classes of people, many of them, have absolutely no idea of the laws of hygiene and sanitation, they live in dirt and filth, close ill-aired rooms, and under such conditions as could not fail to make them regular hot beds of disease.

The suggestion of a bath shocks them. To wet their skin is bad for their lungs, they say. Their windows remain tightly closed (in some cases I have removed nails). The bugaboo of the night air and its evils

is firmly implanted in their minds. Do you wonder that they are regular culture fields for tuberculosis?

In every family of this type you find that where one case of tuberculosis exists, almost infallibly that individual has infected two or three other members of the household, through ignorance, often through love,—the love of a tuberculous mother, the sort of love that feeds a child from the same dish, that kisses, and pets it during a coughing spell, that sleeps in the same bed with it. This is done through ignorance, and a little child is the victim. It takes months of patient reasoning and expostulation to convince some of these mothers of the dangers of this love.

To me, one of the most terrible things was the careless manner in which they would expectorate anywhere and everywhere. I would find great puddles on the floor beside the sick bed, or old tin cans standing around. I have seen cloths used for expectoration hung up before the fire to dry with little children playing about. I have seen the furniture and bedding taken from an infected home directly to a public storage house, without fumigation, because there was no law requiring fumigation.

Is it not criminal to allow such carelessness and such ignorance to exist in a civilized country in this enlightened twentieth century?

You may ask what can be done or what we are trying to do for these people? The state itself refuses to do anything; all our efforts are dependent upon private charity. Every charitable institution in this state closes its doors to the consumptive.

How care for them?

With unlimited funds, it would be comparatively easy, with little money it is a problem.

In the poorer class of homes we realize that little curative work can be done. It is impossible to obtain results when ten or twelve people are crowded together, eating, cooking, and sleeping in one or two small rooms. The only salvation for the sick one in that case is to remove him from his surroundings to a proper hospital or sanatorium.

This we hope to do when we finally secure our sanatorium. In the meantime we can only give these poor unfortunates what comforts are available and educate them up to the point of leaving their homes for a hospital.

At the present time there are many of these sufferers who might refuse to take advantage of a sanatorium had we one. They have an inborn dread of a hospital and a superstition about a terrible "black bottle," that must first be overcome. As one man said to me when

I suggested that he be sent to a sanatorium in a neighboring state, "No! I won't go to no hospital, they'd kill me like they did me brother." "What was the matter with your brother?" was asked. "Wall, he had consumption of the lungs, tubuncles on his liver, and a poke of matter in his side, but he'd a bin a livin' yit if them there hospital doctors hadn't cut him open and killed him."

While their untaught minds are being disabused of these ideas, and they are being prepared for the sanatorium that is coming some day, many seeds of the doctrine of prevention can be dropped. The gospel of fresh air is being preached religiously, the nature of the disease, and the danger of its transmission are being explained, over and over again, in words of one syllable, not once or twice, but fifty or a hundred times.

These people are being encouraged and taught to clean up their houses and their bodies, to keep their door and windows open, flooding their rooms with sunshine, God's best medicine. Above all, they are learning to expectorate carefully and to destroy the germ-laden sputum by burning all infected material.

You may ask me whether we can see any results from this year's educational campaign and I would say most emphatically, yes!

Of course there are no marvelous results. We can not hope to entirely remake a family or overcome the habits of a lifetime in one year, or two years even. The work must be done on the theory that constant dripping wears away the stone; but we are not discouraged, windows are being opened, houses are being cleaned up. The people have learned to listen attentively when I try to talk to them, even though they do not always heed. They are interested and ask questions; and, above all, they have learned to trust the nurse and feel that she is their friend. They confide in her not only their physical ailments, but she is asked for advice in all family difficulties. In this way much can be done in time to elevate their moral standard and that is, of course, essential to the real solution of the problem of tuberculosis below the poverty line. Teach them to live properly and healthfully, and disease will take wings.

If you ask me for facts and figures, I might say, we have distributed hundreds of educational pamphlets; we have established a free tuberculosis dispensary; we have secured, in a measure, the co-operation of the Health Officer, and now have free fumigations of all houses vacated by tuberculous individuals.

Through the kindness of the Graduate Nurses' Association of Kana-wha County, we have a well-equipped linen closet, from which linen is loaned to the sick poor in times of emergency. From this same generous source sanitary sputum cups are now being furnished to the patients.

During the year about 175 cases of tuberculosis have come under the observation of the League, and to them 3624 visits of instruction have been made by the nurse. The patients themselves have a record of 409 dispensary visits. We have 8 apparently cured cases.

Had I time I might cite individual cases and tell you of a little mother who, when she was told of the danger, sent her baby away from her and, living out of doors, under conditions almost equal to sanatorium ones, is slowly fighting her way back to health.

Or I might tell you of a boy, twelve years of age, who, one year ago, was found in a most deplorable condition. Too weak to raise his head, he lay on a pile of old quilts in a dark damp room, where the sun never penetrated. The rest of the family of six cooked, ate and slept in the same, doing washing and ironing for outside families.

He was emaciated until nothing but a skeleton, and dirty, and unkempt, indescribably so. The bed-clothes and all articles around him were covered with expectoration and there was a great puddle on the floor beside the bed. The mother, worn out, had been told he must die and no longer bothered to care for him.

This child was bathed and made comfortable. The family was induced to move into a better house, the League paying the difference in the rent. The child was kept in the open air and given nourishing food. In three months he had gained 15 pounds, and to-day is going to school apparently as well as the other children. The mother is keeping the little home clean and the child informed me that he always takes a bath now, and brushes his teeth after each meal. The neighbors speak of him in awestruck tones as the "Boy who rose from the dead."

Of course this was an isolated case, but it shows what can be accomplished, even under the most adverse conditions, and keeps away discouragement.

Of course we know that a sanatorium is the ideal place in which to treat tuberculosis; but in some of our better homes, we can and do obtain conditions that are almost equal to sanatorium ones. In many cases all that is needed is some one to advise, suggest, and encourage.

We have not accomplished anything wonderful, but we feel that we have made a good beginning and we expect to do greater things in the future.

I wish that I might say something that I might stimulate each one of you to a proper interest in the tuberculosis movement. Do you realize what it is we are trying to fight? how this disease spreads?

Stop and think, just a minute, what are you, as a graduate nurse, doing to fight tuberculosis?

What is your state, your county, your city doing? Inform yourself and get busy.

Here in West Virginia the tuberculosis bill will again be brought before the legislature and pushed most vigorously. You can help us by your personal interest and individual efforts. Don't you say, as I heard one nurse say, "I'm afraid of tuberculosis, I want nothing to do with it."

If you took a proper interest in this matter,—you and every other individual who is "afraid" of it,—you would not have to be afraid, for we would have every case of tuberculosis properly cared for, and under observation which would compel them to be careful.

This brings to mind another point and that is the cruelty of treating and thinking of consumptives as if they were lepers. That state of affairs exists in an exaggerated degree here in Charleston. It is one respect in which the public, as a whole, needs education. It is the lesson I try to impress upon every consumptive patient. The careful and clean consumptive is dangerous to no one. I think that the statement has been made on good authority that there are fewer germs to be found if a culture were taken in a well-conducted tuberculosis sanatorium than in one of our fashionable churches. In fact, I myself sat behind a man whom I knew to have tuberculosis last spring and saw him cough and expectorate down a hot-air register.

It isn't going to eliminate tuberculosis for anyone to stand aloof and contribute a dollar or two to ease his conscience. Every individual and every one of us as nurses must do our share of the work individually. What are you going to do? Fold your hands and say this is work for the United States government, the State Board of Health, the physicians, the tuberculosis nurse? No, it isn't, it is work for you as a graduate nurses' association, and as individual nurses.

You must create public sentiment, *you* must interest your physicians, your influential patients, your health officer, your churches, your friend; *you* must do it, and do it personally. Are you going to do it, or will you sit calmly by until your laundress, or your seamstress, or some other ignorant person carries the disease into your own home and you reap, with bitter tears, the results of your indifference?

Especially here in West Virginia is work for you—the state is shifting its responsibility. Don't shift yours.

We have met with many discouragements this past year and it has been uphill work; but *still* I say, with Dr. Osler, from the bottom of my heart, as he said after having made rounds with one of the tuberculosis nurses, "Were I a woman, I had rather be a district tuberculosis nurse than anything in the world."